State of California State Teachers Reframent System Declaration of Attorney in Fact MS 1432 (Rev. 3/95)

Internet Version

STATE TEACHERS' RETIREMENT SYSTEM

P.O. Box 15275, Sacramento, CA 95851-0275 Toll Free 1-800-228-5453 or (916) 229-3870 TDD Hearing Impaired (916) 229-3541

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Member Name		SSN:				
Attorney in Fac		Daytime phone number:				
Address:						
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knowledge Po	wer of Attorney, given					
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SIGNED BEF	ORE A NOTARY _			rney in Fact's Signature)		
State of County of) ss.				
On this	day of	, 19, bo	efore me,	a Notary Public, p	ersonally appo	eared
	(Attorney in fact)		perso	onally known to me	e (or proved to	me on the basis
acknowledged	evidence) to be the to me that he/she/they e (s) on the instrument the	executed the same i	n his/her/t	heir authorized cap	pacity(ies), and	l that by his/her/
WITNESS my	hand and official seal.					
(;	Signature of Notary Public)					